

\_\_\_ packages of form SBD-10754, Double Check/DC  
Detector Performance Test (\$6/package)  
\_\_\_ packages of form SBD-9927, Cross Connection  
Control Performance Test (\$6/package)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please print or type, this will be used as your return mailing label.

Make Check to "Safety and Buildings Division" Fund code 8035

**Note:** A maximum of 3 packages of each form will be sent per order. A package contains 25 blank forms. These forms are only available to registered Cross Connection Control Device testers.

**Please provide your registration ID number** \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

SBD-10660 (N. 11/02)

Wisconsin Department of Commerce/Safety and Buildings Division

Mail to:  
Material Orders  
201 W. Washington Ave, 4<sup>th</sup> floor  
P.O. Box 2509  
Madison, WI 53701-2509